

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	INTERVERTEBRAL DISC PROSTHESIS
Attorney Docket Number::	036163-0101
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	4
Total Drawing Sheets::	13
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Michel H.
Family Name::	MALEK
City of Residence::	Chicago
State or Province of	Illinois
Residence::	
Country of Residence::	US
Street of mailing address::	577 West Hawthorne Place

City of mailing address:: Chicago
State or Province of mailing address:: IL
Postal or Zip Code of mailing address:: 60657

Correspondence Information

Correspondence Customer Number:: 23524
E-Mail address:: PTOMailMadison@FoleyLaw.com

Representative Information

Representative Customer Number::	23524	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: None